

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|--|--------------------------|-----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>2-10-2005</u> | | 2 Serial/Patent # <u>10/693,362</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| | Filing | | | \$ | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| <input checked="" type="checkbox"/> | Petition | None | 9/9/04 | \$ 130.00 | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | | 7 TOTAL AMOUNT OF REFUND | \$ 130.00 | | | | | | | |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| | | Treasury Check | | | | | | | | | |
| | | Credit Deposit A/C #: | | | | | | | | | |
| | | <div style="display: flex; align-items: center;"> 9 <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">2</td> <td style="width: 30px;">3</td> <td style="width: 30px;">--</td> <td style="width: 30px;">3</td> <td style="width: 30px;">0</td> <td style="width: 30px;">5</td> <td style="width: 30px;">0</td> </tr> </table> </div> | | | 2 | 3 | -- | 3 | 0 | 5 | 0 |
| 2 | 3 | -- | 3 | 0 | 5 | 0 | | | | | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> No lost the papers. </div> | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>Paul Shamshi</u> | | TITLE: <u>Senior Attorney</u> | | | | | | | | | |
| SIGNATURE: <u>[Signature]</u> | | PHONE: <u>571-272-3225</u> | | | | | | | | | |
| OFFICE: <u>Office of Petition</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: <u>[Signature]</u> | | DATE: <u>2/14/05</u> | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**